

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000016436 1. Entity Name R. WEST ROOFING, INC.						FILED 05 OCT 24 PM 7:05 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 10111 E COLONIAL DR ORLANDO, FL 32817				Mailing Address 10111 E COLONIAL DR ORLANDO, FL 32817			
2. Principal Place of Business 10111 E. Colonial Dr. Suite, Apt. #, etc. Suite A. City & State Orlando, Florida Zip 32817		3. Mailing Address 10111 E. Colonial Dr. Suite, Apt. #, etc. Suite A. City & State Orlando, Florida Zip 32817		 REINSTATEMENT 2005		4. FEI Number 260682065	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable					
6. Name and Address of Current Registered Agent MOON, WALTER R 200 N PRIMROSE DR ORLANDO, FL 32803				7. Name and Address of New Registered Agent Name JOHN R. SAMAN Street Address (P.O. Box Number is Not Acceptable) 636 W. YALE STREET City ORLANDO FL Zip Code 32804			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <u><i>John Saman</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				(NOTE: Registered Agent signature required when reinstating) DATE <u>10/17/05</u>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP DPST WEST, ROBERT 10111 E COLONIAL DR ORLANDO, FL 32817				TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 600060898376 10/24/05--01058--014 **158.75			
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u><i>John Saman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>10/21/05</u> Daytime Phone # <u>407-658-0294</u>			